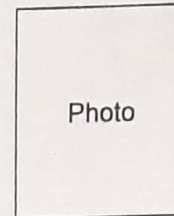




MEMBERSHIP APPLICATION FORM



To,
 The Honorary Secretary,
 Malappuram Chamber of Commerce
 (Incorporated under the Indian Societies Act 1860
 Reg No : 511/7
 10/24 AB Room No.5, Sajidha Tower (Passport Seva Kendra)
 Jubilee Road, Moonampadi, Malappuram - 676505

Dear Sir,

I/We desire to be admitted as a member of the Chamber. I/We agree to abide by the Articles of Association of the Chamber.

A remittance of Total Rs.....by Cash / Cheque No.....Dt.....on.....Bank
 is enclosed herewith. DETAILS OF REMITTANCE: Entrance fee Rs...../- One year subscription of
 Malappuram Chamber of Commerce Rs...../-

Date :

Yours faithfully

PARTICULARS OF MEMBERSHIP

Full Name of Applicant :	
Address :	Phone No. Off :
	Resi :
	Mobile :
Father's Name :	e-mail :
Date of Birth :	Pan / Tin / Pin No :
Blood Group :	
Class of Membership:	a) Affiliation Membership
	b) Individual and Corporate Membership
	c) Life Membership
	d) Honorary Membership
	e) Provisional Membership
Name of Proprietary Concern: Names of Partners or Directors in case of Firms or Companies : Name of chief office bearers in case of Association.	
	Name : Designations :
1	
2	
3	
4	
Name of representative authorise to represent at meetings and to vote at elections of the Chamber	
Full details of business : State the nature of business and the lines you deal, manufacture or represent.	
Other details you choose to give such as objectives of your firm or Association, date of establishment, productive capacity, skilled and unskilled labour employed. Brief history if possible.	
Name and Signature of Proposer:	Name and Signature of Seconder :
(Member of this Chamber)	(Member of this Chamber)
* Strike off whichever is not applicable.	